## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I   |  |   |                      |                                     |                     |                  |              | SMALL ENTITY       |                        |            | OTHER THAN          |                        |
|--|--|---|----------------------|-------------------------------------|---------------------|------------------|--------------|--------------------|------------------------|------------|---------------------|------------------------|
| (Column 1) (Column 2)  |  |   |                      |                                     |                     |                  |              | TYPE [             |                        | OR         | SMALL               | ENTITY                 |
| TOTAL CLAIMS   |  |   | 16                   |                                     |                     |                  |              | RATE               | FEE                    | ]          | RATE                | FEE ·                  |
| FOR .  |  |   | NUMBER FILED         |                                     | NUMBER EXTRA        |                  |              | BASIC FEE          | 385.00                 | OR         | BASIC FEE           | 770.00                 |
| TC   | TAL CHARGE                                     | ABLE CLAIMS                               | lþ minus 20=         |                                     | · Ø                 |                  |              | XS 9=              |                        | OR         | XS18=               |                        |
| INE  | EPENDENT C                                     | LAIMS ·                                   | <b>2</b> · minus 3 = |                                     | • \$                |                  |              | X43=               |                        | OR         | X86≃                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                      |                                     |                     |                  |              | +145=              |                        | OR         | ÷290=               |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                      |                                     |                     |                  |              | TOTAL              |                        | OR         | TOTAL               | 170.00                 |
| CLAIMS AS AMENDED - PART II  |  |   |                      |                                     |                     |                  |              | •                  |                        | •          | OTHER               | THAN                   |
| (Column 1) (Column 2) (Column 3)   |  |   |                      |                                     |                     |                  | SMALL ENTITY |                    |                        | OR         | SMALL               | ENTITY                 |
| AMENDMENT A  | ·  | CLAIMS REMAINING AFTER AMENDMENT          |                      | HIGH<br>NUMI<br>PREVIO<br>PAID      | BER                 | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .16                                       | Minus                | - 2                                 | 0                   | . <b>=</b> .     |              | XS 9=              |                        | OR         | XS18=               |                        |
|  | Independent                                    | . 2                                       | Minus                | *** /                               | 3                   | -                |              | X43€               |                        | OR         | X86=                |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                                     |                     |                  |              | +145≖              |                        | OR         | +290=               |                        |
|  |  |   |                      |                                     |                     |                  |              | TOTAL<br>ODIT. FEE |                        | OR         | TOTAL<br>ADDIT, FEE |                        |
|  |  | (Column 1)                                |                      |                                     |                     |                  |              |                    | 7                      |            |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                    | HIĞHI<br>NUME<br>PREVIC<br>PAID I   | BER                 | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  |   | Minus                | ==                                  |                     |                  |              | X\$ 9=             |                        | OR         | X\$18=              | ·                      |
|  | Independent                                    |   | Minus                | ***                                 |                     | -                |              | X43=               |                        | OR         | X86=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                                     |                     |                  |              | +145=              |                        | OR         | +290=               |                        |
|  |  |   |                      |                                     |                     |                  |              | TOTAL<br>DDIT. FEE | ·                      |            | TOTAL<br>ADDIT, FEE | ·                      |
|  |  | (Column 1)                                |                      | (Colun                              | nn 21               | (Column 3)       | ^            |                    |                        |            |                     |                        |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |                      | · HIGHI<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>JUSLY | PRESENT EXTRA    |              | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                | **                                  |                     | •                |              | X\$ 9=             |                        | OR         | X\$18=              |                        |
|  | Independent                                    |   | Minus                | 100                                 |                     |                  |              | X43=               |                        | OR         | X86=                |                        |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                                     |                     |                  |              |                    |                        | υ <b>n</b> |                     |                        |
|  | febo agente ant                                | me 1 is loss than st                      | o color in action    |                                     | m' in an            | uma 3            | L            | +145=              |                        | OR         | +290=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                      |                                     |                     |                  |              |                    |                        | OR ,       | TOTAL<br>ADDIT. FEE |                        |
|  | The *Highest Nur                               | nber Previously Pai                       | d For" (Total or     | Independe                           | nt) is the          | highest number   | r toun       | nd in the app      | ropriate bo            | in col     | umn 1.              |                        |